		AGENCY						NORMAL WORKING SHIFT TIME					PHONE		BATCH HEADER					
STATE	OF ARIZONA	١						:	ND:					AGY (3) D	ATE((6)	TYP(1)	NC) (3)	
EMPLOYEE TRAVEL		L PREPARE	PREPARED BY ACCT EN			ENT	ERED BY						DATE							
	CLAIM												/	/		/	′ /			
EMPLOYEE NAME SOCIAL S							SECURITY NO (VENDOR NO) (11)						MC (3)	DUTY	POST ADDRE	DDRESS VEHICLE TYPE				
						2						0	001				STATE		RENTA	L
EMPI OY	EE RESIDENCE	PERI	OD (MO	YR)	PLIRPO	SE OF T	2Δ\/ F	L/DESCRIP	TION			†								
LIVII LOT	LL REGIDEINGE		OB (MO)	TORTOOL OF TRAVE			IDECOM TION				☐ PERSONAL ☐ PASSENGER			IGER						
REPRES	SIGNATURE ENT EITHER T Y FURTHER T	HE AMOUNT	S ACTUA	ALLY ŚPE	NT FOR	MEALS, IN	NCIDENT	ALS, TR	ANSPO	RTATION	OR LOD	GIN	G EXPEDIT	URES A	ND/OR THE	MILES AC	TUALLY TR	AVELED BY	ME.	1
DATE	PLACE DE	EPARTED FROM	И	TIME		PLACE ARI	RIVED AT		TIME	ODOMETER			MILES	MILES X		LODGING	OTHER	TRANS-		TOTAL
									+	START	END			RATE=\$	INCIDENTAL		EXPENSES	PORTATION	EXP	ENSES
(LESS COMMU						TE MILES	S)				()	()				()	
	NATURE AS TRAVI									OTALS FROM	1 ABOVE>									
AMOUNT OF THIS CLAIM WITHIN TEN (10) DAYS OF THE DATE TRAVEL IS COMPLETED. I UNDEF ADVANCE NOT REIMBURSED IN A TIMELY MANNER MAY BE DEDUCTED FROM ANY SALARY, VALUE OF THE CONTROL OF THE										TOTALS FROM								1		
EXPENSE REIMBURSEMENT DUE TO ME. (ARS 35-192.02) DISCLOSURE OF VOLID SOCIAL SECURITY NUMBER IS MANDATORY BURSULANT TO ARS 39 612/E) AL							ID 40 LI00 40	NE(-)(0)(0)	CO	CONTINUATION SHEET(S)										
DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY PURSUANT TO ARS 38-612(E) AN THE SOCIAL SECURITY NUMBER SHALL BE USED FOR FEDERAL AND STATE TAX REPORTING PURP									GRAND TOTALS>											
DOC [DATE (6)	EFF DATE (6) / /	CUR DOC (8)				AGY (3)			DOC AMOUNT			\$(11) ¢(2)		OC AGY (3)	AGY (3)		CLAIM AMOUNT		
DOC SFX (3)		EF DOC (8)		REF SEX (3)	M (1)	TC (3)	IN	NDEX (5)		PCA (5)	AY	(2)	COBJ (4))	AOBJ (4)		AMOUNT S	MOUNT \$(11) ¢(2)		R (1)
5. 7.101																				
BY MY SIGNATURE AS TRAVELER, DRIVER LICENSE NO.								BY MY AUTHORIZING SIGNA					SUPERVI	SOR SIG	NATURE	DATE				
I CERTIFY THAT THE ABOVE ITEMS OF EXPENSE WERE INCURRED FOR									CERTIFY THAT THE ABOVE TRAVEL WAS AUTHORIZED FOR OFFICIAL											
AUTHORIZED OFFICIAL STATE BUSINESS THAT THEY ARE CORRECT AND PROPER									WILL NOT EXC	NESS AND PAYMENT /ILL NOT EXCEED			AGENCY ACCOUNTING AUTHORIZED SIGNATURE DATE							
CHARGES, AND THAT THE PRIVATE VEHICLE, IF USED, IS COVERED BY						APPROPRIATION ALLOTMENT OR OTHER AUTHORIZED FUNDS.				THE THE PROPERTY OF THE PROPER										
	INSURANCE.																			